

16085 U.S. PTO
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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2507-5300.1US (21870-US-01)

First Inventor Himansu M. Gajiwala

Title LOW-COST, LOW-DENSITY, ABLATIVE RUBBER INSULATION
FOR ROCKET MOTORS

Express Mail Label No. EV325772321US

17302 U.S. PTO
10/6/03

06/26/03

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 27] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, <i>or a computer program listing appendix</i> - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]		ACCOMPANYING APPLICATIONS PARTS	
5. Oath or Declaration [Total Pages 2]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____		13. <input type="checkbox"/> Preliminary Amendment	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
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19. CORRESPONDENCE ADDRESS

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Signature	<i>Katherine A. Hamer</i>		Date	June 26, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

790

Complete if Known	
Application Number	To be assigned
Filing Date	June 26, 2003
First Named Inventor	Himansu M. Gajiwala
Examiner Name	To be assigned
Group / Art Unit	To be assigned
Attorney Docket No.	2507-5300.1US (21870-US-01)

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account				3. ADDITIONAL FEES			
Deposit Account Number <input type="text" value="20-1469"/> Deposit Account Name <input type="text" value="TraskBritt"/>				Large Entity	Small Entity		
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				Fee Description	Fee Description		
				Fee Paid	Fee Paid		
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1001	750	2001	375	Utility filing fee	750		
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 750)			
2. EXTRA CLAIM FEES							
Total Claims	<input type="text" value="20"/>	-20 **	= <input type="text" value="0"/>	X <input type="text" value="18"/>	= <input type="text" value="0"/>		
Independent Claims	<input type="text" value="3"/>	-3 **	= <input type="text" value="0"/>	X <input type="text" value="84"/>	= <input type="text" value="0"/>		
Multiple Dependent				X <input type="text" value=""/>	= <input type="text" value="0"/>		
				Fee Description			
				Fee Paid			
Large Entity				Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Katherine A. Hamer	Registration No. Attorney/Agent)	47,628	Telephone	801-532-1922
Signature	<i>Katherine A. Hamer</i>			Date	June 26, 2003

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